

Required and Clarification Comments of Lead Agency: South Central Nebraska Area Agency on Aging and participating Agencies: Aging Office of Western Nebraska Response to Aging and Disabilities Resource Center Request For Grant Proposal

#	<u>RFGP Section Reference and page #</u>	<u>RFGP Required Provisions: Exhibit A</u>	<u>DHHS Comments</u>	<u>ADRC LEAD AGENCY RESPONSE</u>
INA1.	6.0 Page 13	<u>Marketing</u> The Ongoing Marketing and Collaboration Plan must utilize the Initial Marketing and Collaboration Plan developed by the Nebraska Association of Area Agencies on Aging, in September, 2015.	Please provide a proposed ongoing marketing plan for the ADRC network that includes milestones, planned milestone date, related tasks and deliverables, and accountability. The bid lists SCNAAA as being the AAA responsible for Marketing. We have since been advised that MAAA was intended to be in this role. Please state which AAA is the responsible party. Note that the Lead Agency of the vendor that includes the AAA responsible for Marketing will receive the Marketing Grant, which is separate from the ADRC Pilot Grant.	Midlands Area Agency on Aging will be the responsible party for the ADRC Marketing plan and grant. Please see <i>Attachment 1</i> of this document for the Marketing plan for the ADRC network.

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2.	10.2 Page 20	Work plan: <ol style="list-style-type: none"> 2. Populations served (i.e.: ages, refugees, migrant workers) 3. Minority populations served 4. Population disparities 5. Current estimated need for services 6. Current infrastructure (i.e. location of services and hours of operation, etc.) 7. Lack of services or barriers to services for populations <u>(7A-7E)</u> 	<p>Please provide the identified items in a work plan. This includes a description of disparities, current estimated need, and lack of services or barriers to services for populations within the proposed regional service area. Please provide a description of the adequacy of proposed activities to meet identified need, specific qualifications of I&R personnel and options counselor, estimated time allotted for personnel and contractors, an organizational chart for the collaborative ADRC and staff assigned, identification of any other revenue sources that will support the structure, and any limitations preventing additional revenue.</p>	<p>2. See Attachment 2 – Draft Work Plan 3. See Attachment 2 – Draft Work Plan 4. See Attachment 2 – Draft Work Plan 5. See Attachment 2 – Draft Work Plan 6. See Attachment 2 – Draft Work Plan 7. See Attachment 2 – Draft Work Plan</p>

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3.	11.1, and 18.1 Page 21, 26, 56	<p><u>Budget</u> Written justification of all proposed expenditures by line item.</p> <p>An acceptable Budget Justification identifies each item of cost and the methodology used in projecting the cost.</p> <p>Information must be provided in sufficient detail to support items of cost for awarded funds.</p>	Please provide an integrated line-item by line-item project budget inclusive of all agencies involved. Funds allocated for collaborating partners have not been captured in the itemized budget. The potential collaborators will be subrecipients of this grant; it is essential to put these figures in the spreadsheet and support them with narrative.	<p>Updated budgets with justifications were recently sent to the SUA – see <i>Attachment 3</i> of this document.</p> <p>Itemization of funds allocated for collaborating partners were not captured at this time as the partnerships must still be established to determine how the funds allocated to them will be utilized. Further itemization will be provided during a budget revision.</p>
4.	12.1B Page 21	Audit Requirement Certification	Please provide the signed Audit Requirement Certification.	PER EMAIL FROM SUA ON 3/10/16 Item #4 on the RFGP Required Provisions: Exhibit A, from RFGP Section 12.1B page 21, is to be stricken from this document as it does not apply to this grant since the funds are State, not Federal. We will update our documentation to reflect this revision.

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5.	13.1,13.3, 13.4 Page 23-24	Data	Please provide the references by table, column, and line number for the numbers used in calculations provided in the bid. This will require two separate calculations - one for Disabled and one for Seniors, to assess market penetration from inception through June 30, 2018.	<i>See Attachment 9</i>
6.	15.1 Page 26	<u>Collaboration and Coordination</u> A list of the counties included in the ADRC bid. Indicate Area Agency on Aging service area, lead agency for the bid if this is a combined effort with another AAA, and collaboration / coordination points within the aging and disability network.	Please elaborate on the collaboration and coordination points within the aging and disability network within the proposed regional service area. I.E: county specific, MOUs, regional disability organizations, clientele, etc.	The ADRC Coordinator will be responsible for identifying statewide resources and assist with the identification of regional aging and disability resources, coordination points, and potential partners.

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7.	15.2, Page 26	MOUs Letters of support and Memoranda of Understanding, demonstrating a willingness to collaborate with disability organizations, including, but not limited to the University Center for Excellence in Developmental Disabilities Education, Research, and Service, Disability Rights Nebraska, or The Arc of Nebraska, or Nebraska Consortium for Citizens with Disabilities.	The MOUs submitted are signed by the NE4A, not the lead agency. Please provide documentation establishing the legal connection between the NE4A and the lead agency. Two of the MOUs submitted were not signed by the NE4A. Please submit an MOU with Nebraska Consortium for Citizens with Disabilities.	To establish legal connection between the NE4A and the lead agencies please see Attachment 4– Articles of Incorporation for Nebraska Association of Area Agencies on Aging and Attachment 5 – Bylaws of the Nebraska Association of Area Agencies on Aging, Inc. An Agreement between and among the Nebraska Association of Area Agencies on Aging and the following organizations representing disability advocacy organization in Nebraska is being executed: ARC of Nebraska, Independence Rising, League of Human Dignity, Panhandle Independent Living Services and UNMC Munroe-Meyer Institute. ARC of Nebraska, Independence Rising and Munroe-Meyer Institute are all members of the Nebraska Consortium for Citizens with Disabilities.

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				The two MOU's not signed by NE4A will be faxed to the SUA.
8.	15.3 Page 26	<u>Continuance of Work Plan</u> A continuance of work plan, in the event funding is appropriated through the Legislature or Federal grants.	Please provide a continuance of work plan in the event funding is appropriated for continuation of the ADRCs after the June 30, 2018.	See Attachment 2 – Draft Work Plan
9.	15.4 Page 26	<u>Work Plan</u> A work plan, including staffing, implementation, marketing, collaboration efforts and a plan for training on disability service systems and resources across the state. Indicate how the bidder plans to collaborate with disability organizations, programs, and services to provide current	Please provide a proposed work plan that includes milestones, planned milestone date, related tasks, and accountability. Work plan milestones and tasks should include plans to collaborate with disability organizations within the proposed regional service area, regional outreach, and development of infrastructure for regional ADRC functions specific to each service to be provided.	See Attachment 2 – Draft Work Plan

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		and relevant information to ADRC clients.		
10	15.8 Page 26	<u>Satisfaction Survey Plan</u>	Please provide more information on the proposed Satisfaction Survey Plan effort anticipated, including proposed milestones and timelines and inclusion of satisfaction surveys in the budget. Identify approaches to be considered with the consultant for survey content, administration, and reporting.	The ADRC Coordinator, jointly with the three ADRC's and proposed contracted entity will facilitate a strategic planning discussion. The purpose of the planning session will be to lay the groundwork for development of the satisfaction surveys and timelines for completion. The results of the strategic planning session will be to identify the overall goals so that the goals can then serve to inform the questions developed for the survey.
11	15.10 Page 26	<u>Demonstration of Knowledge</u> A demonstration of knowledge of disability related resources, such as a list of services and supports	Please provide a demonstration of knowledge of disability-related resources available to individuals in the proposed regional service area.	Contact was made with the League of Human Dignity to discuss available disability related resources that can be utilized for individuals in our proposed regional service area. No specific resource

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		for individuals with disabilities of all ages.		manual is available but resources such as Answers for Families, Child Find, 2-1-1 and etc. will be useful for statewide referrals. In addition, we will certainly partner with our regional disability organizations for additional resources.
12	15.11 Page 26	ADRC Project budget for SFY 2016, 2017, 2018. In excel format on forms provided with RFGP. Attachment A	<p>Please resubmit consolidated budget with any planned subcontracting with another AAA, including NE4A, listed on line 8b of your budget document, and Contractual Services. SUA is in recipient of three proposals and expects three budgets. Include budget narrative detailing the use of funds for Contractual Services.</p> <p>Confirm that SCNAAA is the recipient of the entire SFY16 Marketing appropriation. Marketing funds are appropriated and Only Available for</p>	<p>Updated budgets with justifications were recently sent to the SUA – see Attachment 3 of this document. Further itemizations will be provided during a budget revision.</p> <p>Midlands Area Agency on Aging will be the recipient of the entire SFY 16 Marketing appropriation. New marketing budget and line item justification provided in Attachment 6</p>

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			FY 2016 and cannot be carried over to another fiscal year.	
13	17.6.4 Page 32	<u>Insurance</u> The Subrecipient should furnish the State, with their proposal response, a certificate of insurance coverage or insurance coverage statement for government entities.	Please provide evidence of insurance.	<i>See Attachment 7</i>

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14.	Proposal Page 8	Criteria for Options Counseling	<p>On page 8 of the proposal, under Service #2 - Options Counseling, the second bullet point states “When the ADRC determines that the individual might benefit from receiving long-term care options counseling.” Please describe proposed criteria to be used to determine individuals who might benefit from receiving long-term care options counseling.</p>	<p>In order to develop the proposed criteria to determine individuals that might benefit from receiving long-term care options counseling we will utilize assessments shared on the ACL’s ADRC technical assistance website to assist us in defining that criteria. See Attachments 10 & 11 for sample assessments from www.adrc-tae.acl.gov</p> <p>An initial phone or in person contact with a consumer utilizing a tool similar to Attachment 11, will determine if they are requesting short-term/immediate information and assistance. If so, consumers will be linked to the appropriate agency, organization, or service.</p> <p>Options counseling should be offered when consumers face choices about their long-term care options. The Options Counselor will be trained to identify triggers that would identify the need for options counseling. Those triggers would include but not be limited to:</p> <p>If a customer:</p> <ul style="list-style-type: none"> • Is an older adult (or an individual /provider acting on their behalf) seeking information about long-term care options (including costs to hire in-home assistance); • Suffers a change in his/her ability to meet needs independently at home, and needs guidance in looking at available options and services;
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				<ul style="list-style-type: none"> • Requests assistance with planning-short term or long term; • An individual requests someone to “talk to my...mom, dad aunt, uncle, etc. regarding what they need/want...” • Has applied for Medicaid but is not eligible and is seeking information on long term options and costs. • Is a Medicaid consumer and requires additional supports; • After initial I&A, it is clear the individual and/or family need considerably more time and assistance in sorting out their options. More questions come with every referral given and/or it becomes clear the consumer is not sure what s/he needs/wants; • Needs decision supports about care setting and/or in-home assistance resources.
15.	Proposal Pages 8	Service #2 - Options Counseling	On page 8 of the proposal, regarding Service #2 - Options Counseling: Please describe and provide an example of any proposed person-centered plan resulting from the options counseling process. Please describe “interactive decision-support process that allows staff to evaluate people’s strengths and preferences and weigh their options”... and...“It will expand upon information and	<p>A key component to options counseling is the interactive decision support process that helps individuals in need of long-term care and their families understand their strengths, needs, preferences and unique circumstances and weigh the pros and cons of available alternatives.</p> <p>The Options Counselor and consumers will utilize a tool similar to <i>Attachment 10</i> to help them identify where their weakness and strengths are. The Options Counselors will be trained in how to assure that the assessment</p>

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			assistance by offering different alternatives for a person who may be dealing with major life decisions.” Please describe the proposed approach for use of a uniform assessment, and provide a copy of any anticipated instruments.	and decision making processes are person centered and not driven by the Options Counselor. After needs and potential resources have been identified, an action plan will be developed by the customers to provide them with a road plan on how to proceed. See the sample action plan in <i>Attachment #12</i> .
16.	Proposal Page 12	ADRC Staffing	Please describe how an Options Counselor differs from a Case Manager/Services Coordinator position.	<i>See Attachment 8</i>

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17.	Proposal Page 8-9	Initial plan for listening sessions to identify unmet service needs	<p>On page 8 of the proposal, under Service #3-Identification of Unmet Service Needs, the second sentence states “The ADRC’s initial plan will be to reach out to existing community groups to hold a series of listening sessions.”</p> <p>Please provide a target list of organizations, goals for sessions and audiences to reach, proposed timeline, a preliminary list of discussion questions, and the extent of information to be reported as a result. Include in the plan how recommendations to respond to unmet needs in the proposed regional service area will be developed.</p>	See Attachment 2 – Draft Work Plan
18.	Proposal Page 12	ADRC policies and procedures	Page 12 of the proposal states “All ADRC staff will be oriented to: the mission of the ADRC and its policies and procedures . . .” Please identify policies and procedures to be developed unique to the ADRC. For those to be developed, indicated accountability and target date for completion.	See Attachment 2 – Draft Work Plan The ADRC Coordinator, jointly with the AAA’s directors, the options counselors, and disability partners will be responsible for the development of the ADRC policies and procedures as they are identified through work plan development and initial pilot phase.
19.	Proposal Page 14	Partnerships	Please describe any vision for additional partnerships at the state or regional level.	As the pilot project develops the vision is that it will lead to additional partnerships at both the state and regional levels. We believe this project will be a catalyst for strengthening our working relationships with the disability related organizations.

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20.	Proposal Page 14	Legislative Bill	Legislative Bill was identified as LB 310. Did you mean LB 320? Please clarify.	Typo – should have been identified as LB 320.
21.	Proposal Appendix H	Memorandums of Understanding- P. 64	Please elaborate what is meant by <i>ADRC State Plan</i> in the MOUs?	<p>The following was clarified by the SUA on 2/17/16.</p> <p>“The following will hopefully provide you with some guidance in preparing your upcoming budget revisions for FY16 and your FY17 Area Plan budgets.</p> <p>For the Lead Agencies (South Central, Northeast, and Lincoln): ADRC budget should be on the CASA ONLY budget page as its own program. The funding you will receive from the SUA goes in the FUNDING section on line 18.a SUA Grants.</p> <p>Lincoln’s ADRC Marketing budget will also go on the CASA ONLY budget page as an additional program to the ADRC. In other words, Lincoln will have 2 ADRC budgets; ADRC and ADRC Marketing.</p> <p>For the contracted agencies (AOWN, ENOA, Midlands, and Blue Rivers)</p> <p>ADRC budget should be on the OTHER PROGRAMS budget page as its own program. The funding you will receive through the lead agencies goes in the NON-MATCH section on line 10. Other Funding.</p>

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ATTACHMENT 1:

ADRC Marketing Work Plan

Background

The ADRC marketing plan that was developed by the Nebraska Association of Area Agencies on Aging will be utilized during the FY17 phase of the ADRC pilot projects. The marketing plan states "The purpose of the marketing plan is to establish marketing for Nebraska's ADRCs as highly visible and trusted places where people can turn for a full range of long-term services and support options. This plan also identifies and engages appropriate agencies and organizations to collaborate on this marketing." Branding, marketing materials and advertising were all developed as a part of the Ne4A marketing plan. Midland Area Agency on Aging will be responsible for the ADRC Marketing Plan.

Marketing of the ADRC will be accomplished through

- Promotion of the ADRC utilizing press releases, paid online advertising, newspaper printed ads, social media, printed collateral materials, giveaway promotional items, and possibly television commercials. Representatives of ADRC Nebraska may attend events in local communities to promote the project and educate consumers on how ADRC Nebraska is the place for aging and disability resources.
- Online marketing will consist of both paid and unpaid media. The current ADRC website will be promoted. AAA and collaborator partner's websites will provide links to the ADRC website.
- Social Media via Facebook will be utilized with sponsored ads purchased to build awareness of the ADRC and an audience for messaging. A YouTube channel will be established and TV commercials and other videos will be posted. Once the pilot projects are established, Twitter and Instagram may be a free marketing option, keeping in mind that they both require intensive staff time.
- The use of Television advertising is limited due to the difficulty reaching the entire state. NET television is the only broadcast station that spans all of Nebraska, but has a limited audience. Use of television advertising will be explored, but may not be practical.
- State wide coverage through newspaper advertising will be accomplished through local newspapers. Newspaper's online services will also be utilized where available.
- 15 and 30 second Radio will be scheduled to run during the FY17 and FY18 phases of the pilots.
- AAA and collaborator partner's newsletters and publications will run information on ADRC Nebraska.
- Magnets and pens will be purchased as marketing materials and distributed to the public by AAAs and collaborating partners. Printed 5x8 information cards will be purchased to provide to the general public as well.

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Goals, Objectives and Tasks

Goal 1: Cover all 76 Nebraska Counties in the ADRC pilot projects with media marketing.

Objective 1-1: Run newspaper ads in local papers as frequently as budget will allow.

Task 1-1a: Place 2x2 ads in local papers with the exception of the Lincoln Journal Star and the Omaha World Herald.

Task 1-1b: Place 4x4 ads in Lincoln Journal Star and Omaha World Herald Sunday papers.

Objective 1-2 Place TV ads

Task 1-2a: Determine if costs of placing television ads is worth the potential exposure.

Objective 1-3: Run Radio ads to reach the widest possible audience

Task 1-3a: Determine radio stations that will provide widest coverage.

Task 1-3b: Schedule 15 and 30 second ads to run through June 30, 2017 as often as budget will allow.

Goal 2: Establish Online Marketing that will be available across the state.

Objective 2-1: Link the ADRC website to at least 7 AAA and partner websites

Task 2-1a: Secure alias URLs

Task 2-1b: Place the ADRC Nebraska name and logo on the ADRC website.

Task 2-1c: Meet with partner agencies and organizations to discuss marketing and use of links to the ADRC website.

Task 2-1d: AAA and partners place links to ADRC website on their websites.

Objective 2-2: Establish paid advertising using at least 3 online venues to run as long as budget allows.

Task 2-2a: Determine which newspapers provide online advertising.

Task 2-2b: Schedule newspaper online advertising for a period allowed by the budget.

Task 2-2c: Buy Facebook advertising for a period allowed by budget.

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Objective 2-3: Initiate free online marketing utilizing at least 2 venues over the course of the pilot projects.

Task 2-3a: Set up Facebook page with at least 2 administrators.

Task 2-3b: Set up and imitate schedule for updating Facebook page.

Task 2-3c: Set up an ADRC Nebraska You Tube channel.

Task 2-3d: If TV ads are developed run them on You Tube.

Task 2-3e: ADRC Coordinator makes and place videos on You Tube channel.

Goal 3: Provide the public with marketing materials in 75% of the pilot project counties.

Objective 3-1: Provide give-away and printed materials to AAAs and partner organizations and agencies to give to the general public whenever they can.

Task 3-1a: Order pens and magnets.

Task 3-1b: Have printed material printed.

Task 3-1c: Distribute the materials to AAAs and partners.

Task 3-1d: AAAs and partners distribute the marketing materials at health fairs, state fair, senior centers, and any other appropriate public venue.

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Timeline

2016	April	May	June
Marketing Materials	Order promotional items and collateral pieces	Distribute materials to AAAs and disability partners	
Facebook	Set up Facebook ads	Activate Facebook page	
YouTube			Develop videos
Radio/TV	Develop radio/TV ads and schedules		Initiate Ads
Newspapers	Develop newspaper ad schedules		Send out press releases
Website	Secure Alias URLs for website	Add logo and name to website	Links placed on AAA and partner websites
Online Marketing			Purchase and Schedule Facebook and online newspaper ads

	July 1 2016 -2017	January 1 - June 30 2018
Marketing Materials	Distribute materials to public	Distribute materials to public
Facebook	Update regularly	Update regularly
YouTube	Develop and Post videos	Develop and Post videos
Radio/TV	Run Scheduled ads	
Newspapers	Run Scheduled ads	
Online Marketing	Run Scheduled ads	

ATTACHMENT 2:

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South Central Nebraska Area Agency on Aging and Aging Office of Western Nebraska ADRC Work Plan

Narrative

The work plan is one of the most important elements of the pilot project because it drives the project activities as we plan and implement the ADRC. During this pilot project we know that the work plan will evolve and change as we gain information and experience with the ADRC. Identification of tasks, deliverables and collaborating partnerships will evolve as the implementation of the project gets underway.

The target population for this pilot project is:

1. Aging: persons age 60 and older, interested in information and supportive referrals regarding aging, long –term care, social service programs, independent living, disability issues as well as opportunities to volunteer, wellness education and activities and social involvement.
2. Persons with disabilities of any age who are chronically mentally or physically impaired who need long-term care supports.
3. Family members, caregivers, advocates and providers for these groups.

Services provided by pilot project:

1. Provide comprehensive information on the full range of available public and private long-term care programs, options, financing, service providers, and resources within our communities, including information on the availability of integrated long-term care
2. Long-term support options counseling
3. Identification of unmet service needs in communities.

ADRC staff key to the success of the pilot project are:

ADRC Coordinator: This person will be contracted through the Association of Area Agencies on Aging (Ne4A) to initiate, develop, coordinate and assist in evaluation of the pilot project. This one full time equivalent position will be responsible for identifying statewide aging and disability resources and potential partners. The Coordinator will be the statewide liaison with aging and disability partners, the State Unit on Aging and the Ne4A. They will coordinate the ADRC staff training and meetings, as well as, develop policies, oversee the pilot project work plan and access for needed revisions, and assist the evaluation team. The office location of this position is currently unknown.

Qualifications for this position:

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- 2 or more years' experience in disability or aging fields, and/or
- 2 or more years' experience in State government in related field, and/or
- 2 or more years' experience in an ADRC and/or
- bachelors of social work or related field

Options Counselor: This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for aging adults and persons with disabilities in need of long-term services and supports. One full time equivalent Options Counselor will be placed in each of the pilot project AAA to service the target populations in that AAA's service area.

Qualifications for these positions:

- 2-4 years of college or equivalent experience
- 3-5 years of experience working with seniors and/or people with disabilities

Initial disability partners are:

1. ARC of Nebraska
2. Independence Rising
3. League of Human Dignity
4. UNMC Munroe-Meyer Institute
5. Panhandle Independent Living
6. Disability Rights Nebraska
7. NE Statewide Independent Living Council

Identification of other disability partner agencies/organizations will continue throughout the project time period.

Needs Assessment

Counties served:

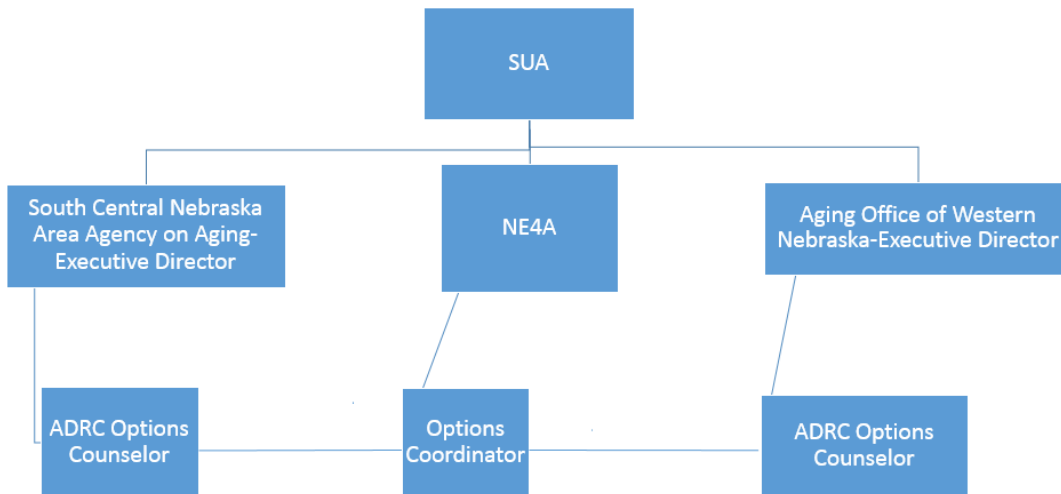
AOWN – Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scottsbluff, Sheridan, Sioux

SCNAA – Blaine, Buffalo, Custer, Franklin, Furnas, Garfield, Greeley, Harlan, Kearney, Loup, Phelps, Sherman, Valley, Wheeler

Organizational Chart:

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South Central Nebraska Area Agency on Aging, Aging Office of Western Nebraska & NE4A Team



Populations served:

Current data obtained from the Nebraska Aging Management Information System (NAMIS), the Nebraska Department of Health and Human Services (NDHHS) and the American Community Survey gives us a picture of the aging and disability populations and baseline for some service provision. Other service data that will be needed to identify baselines and outcomes and will be identified as the project continues.

Ages Served by AAA in FY2015 NAMIS Summary

	<60	60-64	65-74	75-84	85>
SCNAAA	80	168	865	1160	877
AOWN	244	198	637	753	677
Total	324	366	1502	1913	1554

Figure 1

Populations by Race Served by AAA in FY2015 NAMIS Summary

	American Indian	Asian	African American	Native Hawaiian	White	No Response	Hispanic	Some other race
SCNAAA	2	2	3	1	3071	62	17	9
AOWN	22	8	4	0	2338	17	139	118
Total	24	10	7	1	5409	79	156	127

Figure 2

Population of Noninstitutionalized Persons with a Disability by County

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2009-2013 American Community Survey

County	Noninstitutionalized with disability 0 - death	% of total population with a disability	County	Noninstitutionalized with disability 0 - death	% of total population with a disability
Banner	119	14.6%	Harlan	593	17.5%
Blaine	59	10.1%	Kearney	779	12.2%
Box Butte	1295	11.6%	Kimball	539	14.5%
Buffalo	3907	8.4%	Loup	82	14.1%
Cheyenne	1169	11.8%	Morrill	780	16.1%
Custer	1314	12.3%	Phelps	1110	12.3%
Dawes	969	10.7%	Scottsbluff	5086	14%
Deuel	247	11.9%	Sheridan	705	13.3%
Franklin	525	16.9%	Sherman	485	15.8%
Furnas	919	19%	Sioux	126	10.3%
Garden	333	17.4%	Valley	722	17.2%
Garfield	253	13.3%	Wheeler	132	15.2%
Greeley	366	14.8%	Service Area Total	22,614	

Figure 3

Number of People Served by the Aged and Disabled Waiver Program by County. People aged 0-60 are served by the League of Human Dignity. The Aging Medicaid Waiver program services ages 65 and over.

Data from ADRC attachment 3

Aged and Disabled Waiver			Aged and Disabled Waiver		
County	Age 0- 60	Age 60+	County	Age 0- 60	Age 60+
Banner	0	0	Greeley	0	2
Blaine	1	0	Harlan	1	5
Box Butte	18	23	Kearney	6	10
Buffalo	33	56	Kimball	4	8
Cheyenne	6	34	Loup	1	1
Custer	11	19	Morrill	3	13
Dawes	8	33	Phelps	9	24
Deuel	3	5	Scottsbluff	35	84
Franklin	2	3	Sheridan	0	30
Furnas	9	19	Sherman	0	11
Garden	2	2	Sioux	0	2
Garfield	1	4	Valley	3	12
			Wheeler	0	0

Figure 4

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Number of People Receiving Medicaid and Other Public Assistance by County
Data from ADRC attachment 3

	Total Receiving Assistance	
	0-60	60+
Banner	58	4
Blaine	74	9
Box Butte	1539	206
Buffalo	4971	393
Cheyenne	887	135
Custer	1200	164
Dawes	909	109
Deuel	189	41
Franklin	352	56
Furnas	662	105
Garden	248	53
Garfield	219	45
Greeley	290	28
Harlan	333	43
Kearney	730	97
Kimball	457	63
Loup	54	5
Morrill	743	115
Phelps	924	169
Scottsbluff	6543	748
Sheridan	639	98
Sherman	239	62
Sioux	69	4
Valley	477	76
Wheeler	63	9
	22,869	2837

Figure 5

The Nebraska AAAs does not track data on migrant workers or refugees served at this time.

Population Disparities: Although the term *disparities* is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the pilot project service area, i.e. health, transportation, and availability of services. If an outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic

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location all contribute to an individual's ability to achieve good long-term service outcomes. It is important to recognize the impact that social determinants have on long-term services outcomes of senior and disability populations.

Identification of disparities in availability of transportation, in-home, housing and other long term services will be identified as the project collects resource information. Identification of disparities will be an important part of the identification of unmet service needs work that the project will provide as one of its services.

Current disparities identified include:

- Percent of persons with disabilities is higher in rural counties as see in Figure 3 above.
- **Age disparity** of individuals living in the counties served by the three collaborating appears to exist. Individuals, age 35-64, represent the highest population age group within each county of the collaborating service areas. Individuals younger than age 5 represent the lowest population age group within 23 of the collaborating counties. Individuals age 65 and older represent the lowest population age group in 2 counties.

Key: Yellow are lowest population age group. Blue is highest population age group.

	Age Range	Under 5 years	5 to 17 years	18 to 34 years	35 to 64 years	65 to 74 years	75 years and over
AAA	County	Total Population	Total Population	Total Population	Total Population	Total Population	Total Population
AOWN	Banner	59	115	116	398	50	78
AOWN	Box Butte	752	2,099	2,223	4,447	837	774
AOWN	Cheyenne	623	1,789	1,951	4,019	712	815
AOWN	Dawes	451	1,186	2,944	3,026	738	730
AOWN	Deuel	75	308	307	780	246	214
AOWN	Garden	122	209	248	811	269	260
AOWN	Kimball	254	649	614	1,336	502	373
AOWN	Morrill	273	916	783	1,978	482	408
AOWN	Scotts Bluff	2,521	6,546	7,667	13,726	2,992	2,888
AOWN	Sheridan	290	952	780	2,084	581	597
AOWN	Sioux	36	176	183	551	130	153
SCNAAA	Blaine	42	101	122	223	48	50
SCNAAA	Buffalo	3,298	7,629	13,997	15,876	2,869	2,578
SCNAAA	Custer	634	1,896	1,751	4,288	1,085	1,058
SCNAAA	Franklin	165	495	450	1,270	361	372
SCNAAA	Furnas	234	901	698	1,947	538	523
SCNAAA	Garfield	72	344	229	768	259	234
SCNAAA	Greeley	153	458	381	931	261	283
SCNAAA	Harlan	181	542	447	1,451	400	373
SCNAAA	Kearney	392	1,190	1,097	2,592	570	545
SCNAAA	Loup	22	122	72	251	51	63
SCNAAA	Phelps	571	1,677	1,538	3,528	857	775
SCNAAA	Sherman	173	524	384	1,273	357	364
SCNAAA	Valley	245	674	654	1,629	515	492
SCNAAA	Wheeler	46	131	180	345	85	82
		11,684	31,629	39,816	69,528	15,795	15,082

Figure 6

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Current estimated need for services: We know that the project's service area had 56,466 people 55 and over according to the 2010 census and we know that 22,614 people in the pilot program service area have disabilities according to the above American Community Survey data. What we do not know at this time is what percentage of those populations is in need of resources for long-term services. If we estimate that 5% of the aging and disability populations of the pilot service area are in need of services, we could potentially serve 3,954 people in the target population.

Current infrastructure: South Central Nebraska Area Agency on Aging overview is described on page 4 of the RFGP, they are located in Kearney, NE and their central office hours are from 7:00 a.m. to 5:00 p.m. Aging Office of Western Nebraska's corporate overview is located on page 4 of the RFGP, they are located in Scottsbluff, NE and their central office hours are from 8:00 a.m. to 5:00 p.m.

These AAA's currently serve individuals age 60 years old and older who have disability diagnosis. The inclusion of ADRC Options Counseling for individuals of all ages who have disabilities will closely parallel Home and Community-Based Services currently being provided by the AAA's. The AAA's currently work closely with individuals to help individuals determine personal needs, goals, preferences and options. Short and long-term case management is provided. Person-centered planning is consistently used when assisting individuals.

Lack of services or barriers to services: One of the main purposes of the pilot project is to identify lack of services and barriers. The ADRC Coordinator will be responsible for continuing development of all of the pilot projects work to identify barriers and gaps in services.

- **Proposed Activities:** After service needs and barriers have been identified, assuring adequacy of activities to meet identified needs and assuring that those activities respond to the Federal Priorities, Key Issues, and Federal Mandates will be a priority.
- **Organization Capacity:** See the description of the ADRC Coordinator and Options Counselor position in this work plan. Administration of the project at the AAA level will be the responsibility of the Director of each AAA. The ADRC Coordinator will oversee all of the pilot projects under the direction of the SUA and Ne4A.
- **Organization's Structure:** See pages 4 and 5 of the RFGP for the corporate overview with fiscal information for each AAA. Each AAA is in good standing with the SUA and has extensive experience managing State and Federal funds.
- **Other revenue sources:** At the pilot phase of the ADRC no other revenue is anticipated. Each AAA will be expected to function within their ADRC budget.
- **Limitations preventing additional revenue:** Revenue barriers we currently are experiencing

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- Inability to bill Medicaid
- Legislation did not allow for billing in the ADRC pilot programs

Continuation of the ADRCs: Ne4A will put a plan in place to advocate for continuation of the pilot ADRCs and inclusion of the rest of the state. Experience gained from the three pilot projects will be used to help determine future staffing and services needs to ensure that Nebraska has a robust and fully functioning ADRC program.

In the event of the Nebraska Legislature votes to continue funding the ADRCs and provide state wide coverage the Ne4A would like to see ADRCs in place statewide with several other ADRC functions offered. Other potential services are:

- Person centered transition support
- Mobility management
- Home care registry
- NDHHS program registration assistance
- Medicare Assistance

Goals and Objectives:

Goal 1: Provide an adequate infrastructure to be able to successfully provide the three services delivered in the ADRC pilot project.

Objective 1-1: Have an ADRC Coordinator to oversee service delivery statewide, provide training and work with the State Unit on Aging (SUA) and disability partners.

Outcome Measurement: Number of ADRC Coordinators

Baseline: 0 Goal: 1

Task 1-1a: Ne4A will place ads in all major newspapers across the state and online forums for ADRC Coordinator position

Task 1-1b: Ne4A subcommittee will go through applicants and choose the most appropriate to take to the whole group.

Task1-1c: Candidates will be interviewed and a coordinator contracted by Ne4A by April 30, 2016.

Objective 1-2: Have an Options Counselor in each pilot AAA to provide resources and counseling.

Outcome Measurement: Number of Options Counselors

Baseline: 0 Goal: 2

Task1-2a: Pilot AAA directors place ads in their service areas by their Directors.

Task 1-2b: Pilot AAA directors will have an Options Counselor hired by April 30, 2016.

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Objective 1-3: Provide Options Counselors with materials they need to provide pilot services.

Outcome Measurement: Number of AAAs equipped to deliver options counseling.

Baseline: 0 Goal: 2

Task 1-3a: AAA Director will purchase any needed materials such as office supplies or equipment by July 1, 2016.

Task 1-3b: Pilot AAA Directors and ADRC Coordinator will identify and develop any policies needed to assure delivery of services to target population on an ongoing basis.

Task 1-3c: The ADRC Coordinator and Options Counselors will be trained on the use of assessments and computer programs used to provide services by the SUA by July 1, 2016.

Goal 2: Reach elderly people and people with disabilities, regardless of their income, health condition and long-term care needs.

Objective 2-1: Marketing will allow target audience to be aware of ADRC program and website.

Outcome Measurement: Estimated market penetration.

Baseline: 0 Goal: estimated starting market penetration of 15% based on penetration rates of each AAA.

Task 2-1a: Director of MAAA will initiate the marketing work plan starting April 1, 2016.

Task 2-1b: ADRC Coordinator and Ne4A will determine and implement further strategies to reach target audience throughout the pilot projects.

Task 2-1c: Options Counselors will determine and implement venues to reach target audience in their service areas such as health fairs, service groups etc. throughout the pilot project.

Goal 3: Provide reliable and objective information about a broad range of community resources of interest to elderly people and people with disabilities to deliver pilot project service #1.

Objective 3-1: Develop comprehensive information on state wide public and private long-term care programs, options, financing, and resources that are available

Outcome Measurement: Number of statewide resources.

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Baseline: Current resources Goal: Will be determined as the pilot progresses.

Task 3-1a: ADRC Coordinator will identify state wide long-term aging and disability resources on an ongoing basis.

Task 3-1b: ADRC Coordinator will hold regular meetings with disability partners to assure completeness of resources. Meetings will be held as often as determined by participants.

Objective 3-2: Develop comprehensive information on local public and private long-term care programs, options, financing, service providers, and resources that is available

Outcome Measurement: Number of local resources

Baseline: Current resources Goal: Will be developed after initiation of project.

Task 3-2a: Options Counselors will identify long-term care resources with-in their service areas on an ongoing basis.

Objective 3-3: Develop comprehensive information on public and private long-term care programs, options, financing, and resources that is available on the ADRC website.

Outcome Measurement: Number of resources identified.

Baseline: Info on ADRC website Goal: Will be developed as pilot progresses.

Task3-3a: ADRC Coordinator and Options Counselors will review material on ADRC website for completeness by July 1, 2016.

Task 3-3b: ADRC Coordinator and Options Counselors will notify the SUA of any needed changes in current website information by July 1, 2016.

Task 3-3c: ADRC Coordinator and Options Counselors will notify the SUA of any new resources identified on an ongoing basis.

Goal 4: Provide long-term options counseling to individuals in target group who request it and to those who an assessment identifies would benefit from it, that is person-centered, self-determined and culturally sensitive; and to deliver pilot project service #2.

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Objective 4-1: Provide well trained Options Counselors by holding trainings on:

- Role and purpose of options counseling
- Assessing needs
- Facilitating self-direction
- Determining need for options counseling
- Understanding and educating about public and private sector resources
- Following-up

Outcome Measurement: Number of topics included in training.

Baseline: 0 Goal: 6 topics initially, further topics will be identified during pilot.

Task 4-1a: ADRC Coordinator will collect training materials from sources such as the Aging and Disability Resource Center, other State's ADRC programs and the SUA by June 30, 2016.

Task 4-1b: ADRC Counselor will consult with disability partners on training topics and on any training support they may be able to give on an ongoing basis.

Task 4-1c: ADRC Coordinator and pilot AAA Directors will schedule and complete training for Options Counselors by June 30, 2016.

Task 4-1d: ADRC Coordinator and Options Counselors will identify other training topics and complete training on them on an ongoing basis.

Objective 4-2: Options Counselors will conduct initial assessments of target audience population in need of long-term resources.

Outcome Measurement: Number of clients assessed.

Baseline 0: Goal: Initial assessment goal is 22/month for this pilot's AAAs. This goal will be evaluated for modification as pilot progresses.

Task 4-2a: The SUA will identify or develop the initial assessment tool by June 1, 2016.

Task 4-2b: Options Counselors will complete an initial assessment for target population inquiring about long-term services and supports throughout the pilot period.

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Objective 4-3: Options Counselors will conduct comprehensive person centered assessments of target audience population in need of long-term services and supports

Outcome Measurement: Number of clients completing the in-depth assessment.

Baseline: 0 Goal: 17 a month across this pilot's AAA's. This goal will be evaluated for modification as pilot progresses.

Task 4-3a: The SUA will identify or develop the in-depth assessment tool by June 1, 2016.

Task 4-3b: Options Counselors will work with clients and their families who require multiple or complex services to complete the all-inclusive assessment throughout the pilot period.

Objective 4-4: Options Counselors will provide the target audience clients with a comprehensive list of available long-term supports based on their needs assessment results.

Outcome Measurement: Number of clients provided with resources

Baseline: 0 Goal: 23/month across this pilot's AAAs. Based on 11 calls/AAA/day. This goal will be evaluated for modification as pilot progresses.

Task 4-4a: Options Counselors will utilize the needs identified to develop a list of services and supports available in the service area throughout the pilot period.

Objective 4-5: Options Counselors will assist client and their family to develop and carry out a plan of action to obtain identified services and supports.

Outcome Measurement: Number of clients assisted.

Baseline: 0 Goal: 100/month across the pilot service area. This goal will be evaluated for modification as pilot progresses.

Task 4-5a: ADRC Coordinator will identify or develop documentation tools by July 1, 2016.

Task 4-5b: Options Counselor will assist client and their family to develop a plan of action.

Task 4-5c: Options Counselor will document the plan of action and provide copy for the client.

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Task 4-5d: Options Counselor will assist client and their family in implementing the plan of action as needed by the client/family.

Objective 4-6: Options Counselors will follow-up with client and their family to see if they have any questions or additional needs.

Outcome Measurement: The number of clients who received follow-up.

Baseline: 0 Goal: 90/month across the pilot service area. This goal will be evaluated for modification as pilot progresses.

Task 4-6a: Options Counselor will contact the client/family within a prearranged period of time.

Task 4-6b: Options Counselor will document the follow up on an ongoing basis.

Objective 4-7: Quality of Options Counseling services will be evaluated

Outcome Measurement: The number of QA performance measurements done.

Baseline: 0 Goal: 8 (each AAA x4 during pilot period.)

Task 4-7a: The ADRC Coordinator will work with the AAA Directors to find/develop QA monitoring tools by June 30, 2017.

Task 4-7b: The ADRC Coordinator will complete a QA monitor in each AAA three times during the pilot project.

Task4-7c: The ADRC Coordinator will develop a satisfaction survey to measure client satisfaction levels by July 1, 2016.

Task4-7d: The Options Counselors will ask clients to complete the satisfaction survey during the follow-up contact throughout the pilot period.

Task 4-7e: The ADRC Coordinator will compile and analyze survey results quarterly, starting October 2016, and report results to Options Counselors and Ne4A.

Goal 5: The ADRC Pilot Projects will work with the disabilities agencies and organizations to identify and advocate for unmet service needs and disparities for the target population throughout the pilot service area to provide service #3 of the ADRC pilot projects.

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Objective 5-1: The aging and disability organizations throughout Nebraska will meet to examine unmet needs and gaps in services for the target population.

Outcome Measurement: Number of meetings held.

Baseline: 0 Goal: Quarterly

Task 5-1a: The ADRC Coordinator will work with the statewide aging and disability organizations to set up meetings by September 30, 2016.

Objective 5-2: The aging, disability organizations and ADRC Coordinator will develop a process for identifying unmet service needs in communities and identify existing needs studies done across the state.

Outcome Measurement: Number of processes developed and studies identified.

Baseline: 0 Goal: 1 process developed, number of studies unknown

Task 5-2a: The meeting participants will explore existing tools to measure service needs in 2016.

Task 5-2b: The aging network and disabilities organizations will complete the tools in 2017.

Task 5-2c: A document explaining the needs evaluation process, conclusions and recommendations will be developed by the disability partners, ADRC Coordinator and Ne4A prior to the completion of the pilot project on June 30, 2018.

Task 5-2d: Disability and aging partners and ADRC Coordinator will prepare a report to the SUA, Aging Nebraskans Task Force and Nebraska Legislature will be provided prior to the completion of the pilot project on June 30, 2018.

Objective 5-3: The aging, disability organizations and ADRC Coordinator will identify disparities in long-term services due to age, gender, location, transportation access, type of disability and any other cause leading to an area of disparity.

Outcome Measurement: Number of areas of long-term services disparities identified.

Baseline: 0 Goal: 3 or more

Task 5-3a: Develop tool to collect outcome data by June 30, 2016.

Task 5-3b: Analyze outcome data to identify disparities based on identified causes by June 30, 2018.

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Task 5-3c: Identify any other categories of disparities on an ongoing basis.

Task 5-3d: Disability and aging partners and ADRC Coordinator a report of statewide identified disparities and their causes will be provided to the SUA, State Legislature and Aging Nebraskans Task Force at the end of the pilot project.

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ATTACHMENT 3:

DHHS State Unit on Aging

Monthly financial Summary (Form A)

Grantee: South Central NE AAA

Funding Source: ADRC

SUBGRANT

Month: April-June 2016

Activity: Composite

COST CATEGORIES	ANNUAL BUDGET	EXPENDITURES YTD	CURRENT MONTH EXP	APPROVED BY SUA
1. Personnel	10,400.00	0.00	0.00	
2. Travel	3,000.00	0.00	0.00	
3. Printing & Supplies	1,000.00	0.00	0.00	
4. Equipment	3,500.00	0.00	0.00	
5. Building Space	525.00	0.00	0.00	
6. Comm & Utilities	2,000.00	0.00	0.00	
7. Other	13,125.00	0.00	0.00	
8a. Raw Food	0.00	0.00	0.00	
8b. Contractual Services	67,102.00	0.00	0.00	
9. Gross Costs	100,652.00	0.00	0.00	
Non-Matching				
10. Other (Non-matching)	0.00	0.00	0.00	
11a. Title XX	0.00	0.00	0.00	
11b. NSIP	0.00	0.00	0.00	
12a. Income Contrib/Fees	0.00	0.00	0.00	
12b. Total Non-match	0.00	0.00	0.00	
13. Actual Costs	100,652.00	0.00	0.00	
Matching				
14a. Local Public (Cash)	0.00	0.00	0.00	
14b. Local Public Other	0.00	0.00	0.00	
15. Local Other	0.00	0.00	0.00	
15a. Local Other (Cash)	0.00	0.00	0.00	
16. Total Local Matching	0.00	0.00	0.00	
17a. CASA	0.00	0.00	0.00	
17b. CASA as Match	0.00	0.00	0.00	
18a. ADRC SUBGRANT	100,652.00	0.00	0.00	
18b. Special Award	0.00	0.00	0.00	
18c. Care Management	0.00	0.00	0.00	
18d. Total SUA Cost	100,652.00	0.00	0.00	

I certify that to the best of my knowledge and belief that the above information is correct and complete and is for the purpose set forth in the award document.



Director
Title

01/18/16
Date

DHHS-SUA Use Only		
State Match		
Federal AoA		
Total		

ATTACHMENTS

DHHS State Unit on Aging

Monthly financial Summary (Form A)

Grantee: South Central NE AAA

Funding Source: ADRC

SUBGRANT

Month: FY 2017

Activity: Composite

COST CATEGORIES	ANNUAL BUDGET	EXPENDITURES YTD	CURRENT MONTH EXP	APPROVED BY SUA
1. Personnel	64,799.00	0.00	0.00	
2. Travel	800.00	0.00	0.00	
3. Printing & Supplies	800.00	0.00	0.00	
4. Equipment	0.00	0.00	0.00	
5. Building Space	0.00	0.00	0.00	
6. Comm & Utilities	702.00	0.00	0.00	
7. Other	0.00	0.00	0.00	
8a. Raw Food	0.00	0.00	0.00	
8b. Contractual Services	134,203.00	0.00	0.00	
9. Gross Costs	201,304.00	0.00	0.00	
Non-Matching				
10. Other (Non-matching)	0.00	0.00	0.00	
11a. Title XX	0.00	0.00	0.00	
11b. NSIP	0.00	0.00	0.00	
12a. Income Contrib/Fees	0.00	0.00	0.00	
12b. Total Non-match	0.00	0.00	0.00	
13. Actual Costs	201,304.00	0.00	0.00	
Matching				
14a. Local Public (Cash)	0.00	0.00	0.00	
14b. Local Public Other	0.00	0.00	0.00	
15. Local Other	0.00	0.00	0.00	
15a. Local Other (Cash)	0.00	0.00	0.00	
16. Total Local Matching	0.00	0.00	0.00	
17a. CASA	0.00	0.00	0.00	
17b. CASA as Match	0.00	0.00	0.00	
18a. ADRC SUBGRANT	201,304.00	0.00	0.00	
18b. Special Award	0.00	0.00	0.00	
18c. Care Management	0.00	0.00	0.00	
18d. Total SUA Cost	201,304.00	0.00	0.00	

I certify that to the best of my knowledge and belief that the above information is correct and complete and is for the purpose set forth in the award document



Director
Title

01/18/16
Date

DHHS-SUA Use Only		
State Match		
Federal AoA		
Total		

ATTACHMENTS

DHHS State Unit on Aging

Monthly financial Summary (Form A)

Grantee: South Central NE AAA

Funding Source: ADRC

SUBGRANT

Month: **FY 2018**

Activity: Composite

COST CATEGORIES	ANNUAL BUDGET	EXPENDITURES YTD	CURRENT MONTH EXP	APPROVED BY SUA
1. Personnel	64,799.00	0.00	0.00	
2. Travel	800.00	0.00	0.00	
3. Printing & Supplies	800.00	0.00	0.00	
4. Equipment	0.00	0.00	0.00	
5. Building Space	0.00	0.00	0.00	
6. Comm & Utilities	702.00	0.00	0.00	
7. Other	0.00	0.00	0.00	
8a. Raw Food	0.00	0.00	0.00	
8b. Contractual Services	134,203.00	0.00	0.00	
9. Gross Costs	201,304.00	0.00	0.00	
Non-Matching				
10. Other (Non-matching)	0.00	0.00	0.00	
11a. Title XX	0.00	0.00	0.00	
11b. NSIP	0.00	0.00	0.00	
12a. Income Contrib/Fees	0.00	0.00	0.00	
12b. Total Non-match	0.00	0.00	0.00	
13. Actual Costs	201,304.00	0.00	0.00	
Matching				
14a. Local Public (Cash)	0.00	0.00	0.00	
14b. Local Public Other	0.00	0.00	0.00	
15. Local Other	0.00	0.00	0.00	
15a. Local Other (Cash)	0.00	0.00	0.00	
16. Total Local Matching	0.00	0.00	0.00	
17a. CASA	0.00	0.00	0.00	
17b. CASA as Match	0.00	0.00	0.00	
18a. ADRC SUBGRANT	201,304.00	0.00	0.00	
18b. Special Award	0.00	0.00	0.00	
18c. Care Management	0.00	0.00	0.00	
18d. Total SUA Cost	201,304.00	0.00	0.00	

I certify that to the best of my knowledge and belief that the above information is correct and complete and is for the purpose set forth in the award document



Director
Title

01/18/16
Date

DHHS-SUA Use Only		
State Match		
Federal AoA		
Total		

ATTACHMENTS

SOUTH CENTRAL NEBRASKA AREA AGENCY ON AGING

SFY 2016 ADRC April-June 2016

Budget Justifications

Category	Amount	Budget Justification
(1) Personnel	10,400	Wages, Social Security, Medicare, Health Ins. & Retirement
(2) Travel	3,000	3700 miles @ \$.54, Motel rooms, & Meal Reimb
(3) Printing & Supplies	1,000	Office supplies, paper, pens, etc.
(4) Equipment	3,500	Desk, Chair, Computer, Printer, etc.
(5) Bldg Space	525	Office rent- 3 months
(6) Communications & Utilities	2,000	Phone, Electricity, Natural Gas, & Postage
(7) Other	13,125	Office renovations \$10,000, Insurance \$1,075, Audit \$500, Main Repair \$500, Fees \$00, Trainings \$300, Misc \$200
(8b) Contactual Services	67,102	Aging Office of Western NE and NE4A
(9) Gross Costs	100,652	

SOUTH CENTRAL NEBRASKA AREA AGENCY ON AGING

SFY 2017

Budget Justifications

Category	Amount	Budget Justification
(1) Personnel	57,600	Wages, Social Security, Medicare, Health Ins. & Retirement
(2) Travel	2,000	1481 @ \$.54, Motel & Meals
(3) Printing & Supplies	2,000	Office supplies, paper, pens, etc.
(4) Equipment	0	
(5) Bldg Space	2100	Rent
(6) Communications & Utilities	2,000	Phone, Electricity, Natural Gas, & Postage
(7) Other	1,401	Insurance, Fees, Audit, Trainings, & Misc.
(8b) Contactual Services	134,203	Aging Office of Western NE and NE4A
(9) Gross Costs	201,304	

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SOUTH CENTRAL NEBRASKA AREA AGENCY ON AGING

SFY 2018

Budget Justifications

Category	Amount	Budget Justification
(1) Personnel	60,500	Wages, Social Security, Medicare, Health Ins, & Retirement
(2) Travel	1,500	1850 @ \$.54, Motel room & Meals
(3) Printing & Supplies	1,500	Office supplies, paper, pens, etc.
(4) Equipment	0	
(5) Bldg Space	2100	Rent
(6) Communications & Utilities	1,501	Phone, Electricity, Natural Gas, & Postage
(7) Other		
(8b) Contractual Services	134,203	Aging Office of Western NE and NE4A
(9) Gross Costs	201,304	

ATTACHMENTS

DHHS State Unit on Aging

Monthly financial Summary (Form A)

Grantee: South Central NE AAA

Funding Source: ADRC

SUBGRANT

Month: **April-June 2016**

Activity: Composite

Contractor: Ne4A

COST CATEGORIES	ANNUAL BUDGET	EXPENDITURES YTD	CURRENT MONTH EXP	APPROVED BY SUA
1. Personnel	0.00	0.00	0.00	
2. Travel	4,000.00	0.00	0.00	
3. Printing & Supplies	1,000.00	0.00	0.00	
4. Equipment	5,000.00	0.00	0.00	
5. Building Space	3,000.00	0.00	0.00	
6. Comm & Utilities	900.00	0.00	0.00	
7. Other	2,000.00	0.00	0.00	
8a. Raw Food	0.00	0.00	0.00	
8b. Contractual Services	17,651.00	0.00	0.00	
9. Gross Costs	33,551.00	0.00	0.00	
Non-Matching				
10. Other (Non-matching)	0.00	0.00	0.00	
11a. Title XX	0.00	0.00	0.00	
11b. NSIP	0.00	0.00	0.00	
12a. Income Contrib/Fees	0.00	0.00	0.00	
12b. Total Non-match	0.00	0.00	0.00	
13. Actual Costs	33,551.00	0.00	0.00	
Matching				
14a. Local Public (Cash)	0.00	0.00	0.00	
14b. Local Public Other	0.00	0.00	0.00	
15. Local Other	0.00	0.00	0.00	
15a. Local Other (Cash)	0.00	0.00	0.00	
16. Total Local Matching	0.00	0.00	0.00	
17a. CASA	0.00	0.00	0.00	
17b. CASA as Match	0.00	0.00	0.00	
18a. ADRC SUBGRANT	33,551.00	0.00	0.00	
18b. Special Award	0.00	0.00	0.00	
18c. Care Management	0.00	0.00	0.00	
18d. Total SUA Cost	33,551.00	0.00	0.00	

I certify that to the best of my knowledge and belief that the above information is correct and complete and is for the purpose set forth in the award document

Authorized Certifying Officer

Title

Date

DHHS-SUA Use Only		
State Match		
Federal AoA		
Total		

ATTACHMENTS

DHHS State Unit on Aging

Monthly financial Summary (Form A)

Grantee: South Central NE AAA

Funding Source: ADRC

SUBGRANT

Month: FY 2017

Activity: Composite

Contractor: Ne4A

COST CATEGORIES	ANNUAL BUDGET	EXPENDITURES YTD	CURRENT MONTH EXP	APPROVED BY SUA
1. Personnel	0.00	0.00	0.00	
2. Travel	3,500.00	0.00	0.00	
3. Printing & Supplies	1,000.00	0.00	0.00	
4. Equipment	0.00	0.00	0.00	
5. Building Space	3,000.00	0.00	0.00	
6. Comm & Utilities	3,541.00	0.00	0.00	
7. Other	2,000.00	0.00	0.00	
8a. Raw Food	0.00	0.00	0.00	
8b. Contractual Services	54,060.00	0.00	0.00	
9. Gross Costs	67,101.00	0.00	0.00	
Non-Matching				
10. Other (Non-matching)	0.00	0.00	0.00	
11a. Title XX	0.00	0.00	0.00	
11b. NSIP	0.00	0.00	0.00	
12a. Income Contrib/Fees	0.00	0.00	0.00	
12b. Total Non-match	0.00	0.00	0.00	
13. Actual Costs	67,101.00	0.00	0.00	
Matching				
14a. Local Public (Cash)	0.00	0.00	0.00	
14b. Local Public Other	0.00	0.00	0.00	
15. Local Other	0.00	0.00	0.00	
15a. Local Other (Cash)	0.00	0.00	0.00	
16. Total Local Matching	0.00	0.00	0.00	
17a. CASA	0.00	0.00	0.00	
17b. CASA as Match	0.00	0.00	0.00	
18a. ADRC SUBGRANT	67,101.00	0.00	0.00	
18b. Special Award	0.00	0.00	0.00	
18c. Care Management	0.00	0.00	0.00	
18d. Total SUA Cost	67,101.00	0.00	0.00	

I certify that to the best of my knowledge and belief that the above information is correct and complete and is for the purpose set forth in the award document.

Authorized Certifying Officer

Title

Date

DHHS-SUA Use Only		
State Match		
Federal AoA		
Total		

ATTACHMENTS

DHHS State Unit on Aging

Monthly financial Summary (Form A)

Grantee: South Central NE AAA

Funding Source: ADRC

SUBGRANT

Month: FY 2018

Activity: Composite

Contractor: Ne4A

COST CATEGORIES	ANNUAL BUDGET	EXPENDITURES YTD	CURRENT MONTH EXP	APPROVED BY SUA
1. Personnel	0.00	0.00	0.00	
2. Travel	3,500.00	0.00	0.00	
3. Printing & Supplies	1,500.00	0.00	0.00	
4. Equipment	0.00	0.00	0.00	
5. Building Space	3,000.00	0.00	0.00	
6. Comm & Utilities	1,981.00	0.00	0.00	
7. Other	2,000.00	0.00	0.00	
8a. Raw Food	0.00	0.00	0.00	
8b. Contractual Services	55,120.00	0.00	0.00	
9. Gross Costs	67,101.00	0.00	0.00	
Non-Matching				
10. Other (Non-matching)	0.00	0.00	0.00	
11a. Title XX	0.00	0.00	0.00	
11b. NSIP	0.00	0.00	0.00	
12a. Income Contrib/Fees	0.00	0.00	0.00	
12b. Total Non-match	0.00	0.00	0.00	
13. Actual Costs	67,101.00	0.00	0.00	
Matching				
14a. Local Public (Cash)	0.00	0.00	0.00	
14b. Local Public Other	0.00	0.00	0.00	
15. Local Other	0.00	0.00	0.00	
15a. Local Other (Cash)	0.00	0.00	0.00	
16. Total Local Matching	0.00	0.00	0.00	
17a. CASA	0.00	0.00	0.00	
17b. CASA as Match	0.00	0.00	0.00	
18a. ADRC SUBGRANT	67,101.00	0.00	0.00	
18b. Special Award	0.00	0.00	0.00	
18c. Care Management	0.00	0.00	0.00	
18d. Total SUA Cost	67,101.00	0.00	0.00	

I certify that to the best of my knowledge and belief that the above information is correct and complete and is for the purpose set forth in the award document

Authorized Certifying Officer

Title

Date

DHHS-SUA Use Only		
State Match		
Federal AoA		
Total		

ATTACHMENTS

NEBRASKA ASSOCIATION OF AREA AGENCIES ON AGING

SFY 2016 ADRC April-June 2016

Budget Justifications

Category	Amount	Budget Justification
(1) Personnel	0	
(2) Travel	4,000	Mileage, Motels & Meal Reimb
(3) Printing & Supplies	1,000	Office Supplies
(4) Equipment	5,000	Telephone, Desk, Chair, Computer, Printer, etc.
(5) Bldg Space	3000	Rent
(6) Communications & Utilities	900	Phone & Utilities
(7) Other	2,000	Liability & Auto Insurance
(8b) Contactual Services	17,651	Contractual Wages of 25/per hour
(9) Gross Costs	33,551	

NEBRASKA ASSOCIATION OF AREA AGENCIES ON AGING

SFY 2017 ADRC

Budget Justifications

Category	Amount	Budget Justification
(1) Personnel	0	
(2) Travel	3,500	Mileage, Motels & Meal Reimb
(3) Printing & Supplies	1,000	Office Supplies
(4) Equipment	0	
(5) Bldg Space	3000	Rent
(6) Communications & Utilities	3,541	Phone & Utilities
(7) Other	2,000	Liability & Auto Insurance
(8b) Contactual Services	54,060	Contractual Wages of 25.75/per hour
(9) Gross Costs	67,101	

ATTACHMENTS

NEBRASKA ASSOCIATION OF AREA AGENCIES ON AGING

SFY 2018 ADRC

Budget Justifications

Category	Amount	Budget Justification
(1) Personnel	0	
(2) Travel	3,500	Mileage, Motels & Meal Reimb
(3) Printing & Supplies	1,500	Office Supplies
(4) Equipment	0	
(5) Bldg Space	3000	Rent
(6) Communications & Utilities	1,981	Phone & Utilities
(7) Other	2,000	Liability & Auto Insurance
(8b) Contractual Services	55,120	Contractual Wages of 26.50/per hour
(9) Gross Costs	67,101	

ATTACHMENTS

ATTACHMENT 4:

ARTICLES OF INCORPORATION FOR
NEBRASKA ASSOCIATION OF AREA AGENCIES ON AGING

The undersigned hereby associated themselves together for the purpose of forming and becoming a corporation under the Nebraska Non-Profit Corporation Act Section 21-1001 and et seq., Reissue Revised Statutes of the State of Nebraska and for the purposes hereby adopt these Articles of Incorporation.

ARTICLE I

The name of the Corporation shall be Nebraska Association of Area Agencies on Aging, Incorporated.

ARTICLE II

The registered Office of the Corporation shall be Box 905, 500 North Denver - Hastings, Nebraska 68901. The registered agent for the Corporation shall be Jerry Ryan, an individual citizen of the State of Nebraska, Box 905 500 North Denver - Hastings, Nebraska 68901. The Corporation shall have authority to establish such other offices as it deems necessary and to transact business in states other than the State of Nebraska.

ARTICLE III

The period of the Corporation is perpetual.

ARTICLE IV

The purposes for which this non-profit corporation is organized are as follows:

1. To assure the planning for and the provision of responsive, effective and efficient programs and services benefiting older Nebraskans.

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County Clerk
ADAMS COUNTY NEBRASKA
1-14-81 9:15 AM

DEC 19 1980

ATTACHMENTS

Page -2- ARTICLES OF INCORPORATION FOR
NEBRASKA ASSOCIATION OF AREA AGENCIES ON AGING

2. To support and declare that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States and of the several States and their political subdivisions to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:
 - (1) An adequate income in retirement in accordance with the American standard of living.
 - (2) The best possible physical and mental health which science can make available and without regard to economic status.
 - (3) Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
 - (4) Full restorative services for those who require institutional care.
 - (5) Opportunity for employment with no discriminatory personnel practices because of age.
 - (6) Retirement in health, honor, dignity - after years of contribution to the economy.
 - (7) Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities.

ATTACHMENTS

Page -3- ARTICLES OF INCORPORATION FOR
NEBRASKA ASSOCIATION OF AREA AGENCIES ON AGING

- (8) Efficient community services, including access to low-cost transportation, which provides social assistance in a coordinated manner and which are readily available when needed.
 - (9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
 - (10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.
- 3. To actively pursue legislative activities and advocate for public and private policies that meet the above objectives by monitoring, evaluating and commenting on any policies, programs, hearings, levies and community actions which affect older people.
 - 4. To receive, administer, and to disburse funds for such public or private projects as will in the discretion of the Association further its purposes and objectives.
 - 5. To engage in studies, research, demonstrations, experiments, and other activities as the Board of Directors shall determine to be necessary for furthering the purposes of the Association and the objectives in No. 2 above.

In the performance of the aforesaid purposes, the corporation shall have and enjoy all rights and powers granted a corporation organized and existing under the Nebraska Non-Profit Corporation Act provided, however, the acts of the corporation shall be limited in the performance of functions

ATTACHMENTS

Page -4- ARTICLES OF INCORPORATION FOR
NEBRASKA ASSOCIATION OF AREA AGENCIES ON AGING

related to the purposes herein set forth and all other things incidental to them or connected with them, but the corporation exempt from Federal Income Tax under Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United State Internal Revenue Code) and shall not organize, operate, or engage in any business for profit.

ARTICLE V

The Corporation shall have members. The property of the members of the corporation shall not be subject to corporate debt.

ARTICLE VI

The names and places of the residence of the incorporators are as follows:

Jerry Ryan	P.O. Box 905 - Hastings, Nebraska 68901
James E. Zietlow	550 Wedgewood Drive - Lincoln, Nebraska 68510

ARTICLE VII

No part of the property or the earnings of the corporation shall inure to the benefit of or be distributable to its directors, officers, or other private persons, or to the benefit of any person who has made substantial contribution to the corporation except that the corporation shall be authorized and empowered to pay reasonable compensation for services actually rendered and for reasonably necessary expenses incurred and to make payments and distributions and for furtherance of the purposes set forth in Article IV. No activity of the corporation shall be for the purpose of carrying on a political campaign on behalf of any candidate for public office.

ATTACHMENTS

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NEBRASKA ASSOCIATION OF AREA AGENCIES ON AGING

ARTICLE VIII

The management of the affairs of the corporation shall be vested in in Executive Committee of not less than three (3) members or more than eight (8) members as provided from time to time in the By-Laws. The initial Board of Directors to hold office until the first annual selection of their successors shall be eight (8) in number and their names and addresses are as follows:

Eastern Nebraska Office on Aging
Ken Fancolly, Director
885 South 72 - Omaha, Nebraska 68114

Lincoln Area Agency on Aging
James Zietlow, Administrator
100 North 9th - Lincoln, Nebraska 68508

Blue Rivers Area Agency on Aging
Fred Holtz, Director
109½ South 6th Street
Beatrice National Bank Bldg. Rm #23
Beatrice, Nebraska 68310

Midland Area Agency on Aging
Jerry Ryan, Director
P.O. Box 905
Hastings, Nebraska 68901

South Central Nebraska Area Agency on Aging
Dennis H. Loose, Director
1806½ Second Avenue
Kearney, Nebraska 68847

Western Nebraska Area Agency on Aging
Rena Mackrill, Director
P.O. Box 54
Scottsbluff, Nebraska 69361

West Central Area Agency on Aging
L. Moody, Director
Craft State Office Building
200 South Silber
North Platte, Nebraska 69101

ATTACHMENTS

Page -6- ARTICLES OF INCORPORATION FOR
NEBRASKA ASSOCIATION OF AREA AGENCIES ON AGING

Northeast Area Agency on Aging
Dale Kindred, Director
P.O. Box 1447
North Stone Bldg.
Norfolk Regional Center
Norfolk, Nebraska 68701

ARTICLE IX

The Corporation shall have no capital stock.

ARTICLE X

Upon the dissolution of the Corporation or the termination of its activities any remaining assets of the Corporation not subject to any liability then outstanding shall be distributed to organizations, public or private, organized and operated exclusively for the purpose of serving older persons in their own homes and at that time qualify as exempt organizations under the provisions of Section 501 (c) (3) of the Internal Revenue Code (or the corresponding provision of any further United States Internal Revenue Code) and its regulations as they then exist or as they may after be amended.

ARTICLE XI

All income of the Corporation for each taxable year (for Federal Income Tax purposes) shall be distributed at such time and in such manner so as to subject the Corporation to Federal Tax under Section 4942 of the Internal Revenue Code of 1954 as amended.

ARTICLE XII

The Corporation created hereby shall not engage in any act of self-dealing (as defined in Section 4951 (d) of the Internal Revenue Code of 1954 as amended), retain any excess business holdings as defined in Section 4943 (d) of the Internal Revenue Code of 1954 as amended, make any investments

ATTACHMENTS

Page -7- ARTICLES OF INCORPORATION FOR
NEBRASKA ASSOCIATION OF AREA AGENCIES ON AGING

in any such manner as to subject the Corporation to tax under Section 4944 of the Internal Revenue Code of 1954 as amended, or make any taxable expenditures as defined in Section 4945 (d) of the Internal Revenue Code of 1954 as amended.

ARTICLE XIII

These articles of incorporation may be amended by the Executive Board upon a majority vote of the said Executive Board.

ARTICLE XIV

The By-Laws of the Corporation may be amended by the members of the Corporation upon a vote of a majority of the members.

For the Nebraska Association of Area Agencies on Aging, the undersigned Incorporators attest that these are the authorize, approval Articles of Incorporation for the Association.



Jerry Ryan

DATE: 12-18-80
Box 905, Hastings, NE 68901



Jim Zietlow

DATE: 12-19-80
550 Wedgewood Drive
Lincoln, Nebr. 68510

ATTACHMENTS

ATTACHMENT 5:

BYLAWS THE NEBRASKA ASSOCIATION OF AREA AGENCIES ON AGING, INC.

ARTICLE I

Name

The name of the organization shall be the Nebraska Association of Area Agencies on Aging, Inc.

ARTICLE II

Purpose

The purpose of the Association is to provide services to its members that enhance their ability to effectively accomplish their missions, including advocating for quality public and private programs and services for the elderly and persons with disabilities.

ARTICLE III

Membership

Section 1. Full Membership. Any Area Agency on Aging designated by the State of Nebraska shall be eligible for membership in the Association.

Section 2. Associate Membership. Associate membership shall be available to the organizations that are sympathetic to the purpose and goals of the Nebraska Association of the Area Agencies on Aging. Associate members are not full members of the Association. Area Agencies on Aging are not eligible for Associate Membership.

ARTICLE IV

Officers

Section 1. Elected Officers. The elected officers of the Association shall be the Chair, Vice-Chair, and Secretary-Treasurer. These officers shall perform the duties prescribed by these bylaws and by the parliamentary authority adopted by the Association.

Section 2. Election of Officers. The officers shall be elected by the Board of Directors at the August meeting of the Association. The term of office shall be one (1) year or until their successors are elected. The term of office shall begin October 1 following the annual meeting at which they are elected.

Section 3. Terms of Officers. Officers may be elected for one (1) additional term. The Secretary-Treasurer may succeed himself/herself more than one (1) time.

Section 4. Limits on Office. No member shall hold more than one (1) office at a time.

Section 5. Removal from Office. Any elected officer may be removed from office by a two-thirds (2/3) majority of the voting members of the Board of Directors.

Section 6. Vacancy. Whenever any vacancy of an elected office occurs, the Board of Directors shall by election fill the vacancy for the remainder of the elected term of office.

ATTACHMENTS

ARTICLE V

Duties of Officers

Section 1. Chair. The Chair shall: (a) serve as the presiding officer of the Board of Directors, (b) act as spokesperson for the Board, (c) recommend the two (2) at-large members of the Executive Committee, and (d) appoint members to all other committees and serve as an ex-officio, non-voting member, and (e) perform other duties as agreed upon by the Board of Directors.

Section 2. Vice-Chair. The Vice-Chair shall, in the absence or incapacity of the Chair, assume the duties of the Chair and perform other duties as agreed upon by the Board of Directors.

Section 3. Secretary-Treasurer. The Secretary-Treasurer shall: (a) properly prepare the minutes of the Director's meetings; (b) authenticate the records of the corporation; and (c) perform other duties as agreed upon by the Board of Directors.

ARTICLE VI

Meetings

Section 1. Regular Meetings. Regular meetings of the Board of Directors shall be held the 2nd Tuesday of each month upon written notice to the members of the board, which will specify the day, time, and place.

Section 2. Special Meetings. Special Meetings of the Board of Directors may be held upon the call of the Chair or upon the written request of the Secretary-Treasurer from one-third (1/3) of the members.

Section 3. Notice. Written notice shall be given by the Chair of the Board and will state the date, time, and place of all regular and special meetings not less than five (5) working days prior to the called meeting.

Section 4. Annual Meeting. The annual business meeting shall be held at the registered office of the Association of such meeting place within the State of Nebraska in August for the election of officers and such other business as may properly come before the Board of Directors. Failure to hold the annual meeting at the designated time shall not cause any forfeiture or dissolution of the corporation.

Section 5. Electronic Meetings. Members of the Board may participate in a meeting through use of conference telephone or similar connection equipment, including computer network connection, as long as all members participating can hear one another or otherwise participate in the discussion. Such participation constitutes presence in person for purposes of a quorum.

ATTACHMENTS

ARTICLE VII

Board of Directors

Section 1. Composition. The Board of Directors of the Association shall consist of the Director of each member Area Agency on Aging designated by the State of Nebraska or by that director's permanent designee. Associate members are not eligible for a seat on the Board.

Section 2. Voting. Voting privileges are limited to full members of the Association. A full member may also designate one (1) alternate who is eligible to attend meetings and to vote in that member's stead.

Section 3. Quorum. A quorum shall consist of one-half (1/2) of the Board of Directors plus one (1).

Section 4. Indemnification. If an individual who is or was a member of the Board of Directors is made party to a proceeding because the individual is or was a Director, the corporation shall indemnify the individual against reasonable expenses and liability incurred in that proceeding if: (a) the individual's conduct was in good faith; and (b) the individual reasonably believed that his or her conduct was in the corporation's best interest.

ARTICLE VIII

Committees

Section 1. Executive Committee. An Executive Committee comprised of the Chair, Vice-Chair, Secretary-Treasurer, Past Chair, and two (2) At-Large members shall be empowered to conduct the affairs of the Association in the absence of the Board. Four (4) members of the Executive Committee shall constitute a quorum. Any action taken by the Executive Committee must be approved by the Board at the Association's next regular meeting.

Section 2. Other Committees. Such other committees, standing or special, shall be appointed by the Chair, as the Board of Directors deems necessary, to carry out the work of the Association.

ARTICLE IX

Financial Administration

Section 1. Fiscal Year. The fiscal year of the Association shall be from January 1 through December 30 of each year.

Section 2. Dues. Dues shall be established annually by the Board of Directors.

ARTICLE X

Miscellaneous Provisions

Section 1. Parliamentary Authority. The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Association in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of the order the Association may adopt.

ATTACHMENTS

Section 2. Amendment of Bylaws. These bylaws may be amended at a regular meeting of the Board of Directors by two-thirds (2/3) of the voting members, provided that the amendment has been submitted to the Board in writing thirty (30) calendar days prior to the meeting where the action on the amendment is taken.

Section 3. Dissolution of the Corporation. In the event the dissolution of this corporation is desired by a majority of the Board of Directors, the procedure shall be done in accordance with the advice of competent legal counsel and in accordance with applicable federal and state laws governing this corporation at the time of dissolution.

ATTACHMENTS

ATTACHMENT 6:

STATEWIDE MARKETING BUDGETS			SFY 2016 Marketing	
Budget:		Grantee:	Nebraska Association of AAA	
Funding Source:	ADRC - State		SUBGRANT	SFY 2016 April - June
COST CATEGORIES	ANNUAL BUDGET	EXPENDITURES YTD	CURRENT MONTH EX	APPROVED BY SU
1. Personnel	0.00	0.00	0.00	
2. Travel	0.00	0.00	0.00	
3. Printing & Supplies	7,000.00	0.00	0.00	
4. Equipment	0.00	0.00	0.00	
5. Building Space	0.00	0.00	0.00	
6. Comm & Utilities	0.00	0.00	0.00	
7. Other	58,000.00	0.00	0.00	
8a.	0.00	0.00	0.00	
8b. Contractual Services	0.00	0.00	0.00	
9. Gross Costs	65,000.00	0.00	0.00	
Non-Matching				
10. Other (Non-matching)		0.00	0.00	
11a.	0.00	0.00	0.00	
11b.	0.00	0.00	0.00	
12a. Income Contrib/Fees	0.00	0.00	0.00	
12b. Total Non-match	0.00	0.00	0.00	
13. Actual Costs	65,000.00	0.00	0.00	
Matching				
14a. Local Public (Cash)	0.00	0.00	0.00	
14b. Local Public Other	0.00	0.00	0.00	
15. Local Other(In-kind)	0.00	0.00	0.00	
15a. Local Other (Cash)	0.00	0.00	0.00	
16. Total Local Matching	0.00	0.00	0.00	
17a. CASA	0.00	0.00	0.00	
17b. CASA as Match	0.00	0.00	0.00	
18a. ADRC Subgrant	65,000.00	0.00	0.00	
18b.	0.00	0.00	0.00	
18c. Care Management	0.00	0.00	0.00	
18d. Total SUA Cost	65,000.00	0.00	0.00	
I certify that to the best of my knowledge and belief that the above information is correct and complete and is for the purpose set forth in the award document				
Cheryl Brunz		NE4A President		03/08/16
Authorized Certifying Officer		Title		Date
		DHHS-SUA Use Only		
		State Match		
		Federal AoA		
		Total		

ATTACHMENTS

NE4A Marketing Budget Justifications

Printing & Supplies Column (SFY 2016)

Giveaway Items	\$3000
Printed Collateral Pieces	\$4000

“Other” Column (SFY 2016)

Purchase of URLSS	\$30
Facebook Ads	\$100
Newspaper Advertising (includes on-line)	\$19,500
Television Advertising	\$29,500
Radio Advertising	\$8,870

ATTACHMENTS

ATTACHMENT 7:

		Policy Number:	Date Entered: 02/26/2016														
CERTIFICATE OF LIABILITY INSURANCE																	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.																	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																	
PRODUCER NIRMA 100 N 12th Street, Suite 200 P.O. Box 85210 Lincoln, NE 68508	CONTACT NAME: PHONE (A/C No. Ext.): (402) 742-9220 FAX (A/C No.): (402) 742-9230 E-MAIL: larry@nirma.info ADDRESS:																
INSURED South Central Nebraska Area Agency on Aging 620 East 25th Street, Suite 12 Kearney, NE 68847	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: NE Intergovernmental Risk Mgmt. Assn.</td> <td>53750</td> </tr> <tr> <td>INSURER B: NE Intergovernmental Risk Mgmt. Assn.</td> <td>53751</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: NE Intergovernmental Risk Mgmt. Assn.	53750	INSURER B: NE Intergovernmental Risk Mgmt. Assn.	53751	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:																												
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																														
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																														
DHHS is considered an additional insured with respects to general liability coverage																														

CERTIFICATE HOLDER DHHS, State Unit on Aging P.O. Box 95026 Lincoln, NE 68509	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2014/01)

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ATTACHMENTS

ATTACHMENT 8:

Options Counselor

An Options Counselor works with consumers, family members, and others with regard to decisions related to long-term care needs. This includes providing information/referral and education, on accessing long-term care services and supports. Options Counselors assess needs and provide education/options related to a consumer's long-term needs; including both publicly funded and those provided by the private sector. Long-term care needs could include living at home with services, such as care management, transportation, housekeeping, meal delivery or preparation, medication monitoring, etc.

Other options could be assisted living, whether that be Medicaid Waiver through the Area Agency on Aging or the League of Human Dignity, or private pay.

Additionally, options may include: assisting a consumer to apply for Medicaid or a referral to SHIIP (Senior Health Insurance Information Program) for issues related to insurance; referral to developmental disability services, Arc of Buffalo County, or even Alcoholics Anonymous.

Case Manager/Services Coordinator

Care Managers/Services Coordinators receive referrals from the Options Counselor or other source. They assist the consumer in setting up services and supports they have chosen, including, but not limited to, transportation, housekeeping, meal delivery or preparation, personal care (bathing, haircare, and toenail care).

The consumer makes his/her own decisions as to what services, if any, he/she wants.

The Case Manager/Services Coordinator assists the client in setting up services, including locating caregivers and payment sources. The Case Manager/Services Coordinator will continue to visit on a regular basis to ensure the client is satisfied with their services, assist in problem solving, seeing if level of care has changed, and to advocate for the client when needed.

ATTACHMENTS

ATTACHMENT 9:

Please provide the references by table, column, and line number for the numbers used in calculations provided in the bid. This will require two separate calculations - one for Disabled and one for seniors, to assess market penetration from inception through June 30, 2018.

UPDATED CALCULATIONS

In order to determine the actual Market Penetration, we utilized the Census Disability Data provided. The data was reformatted by ADRC area.

The columns used for our calculations included:

- 65 to 74 years – No disability
- 65 to 74 years – Total Population
- 75 and over – No disability columns
- 75 and Over – Total Population
- All Age Groups – With a Disability
- Attachment E – AAA Data

**Ages 60-64 are not included as data was not broken out for this age group

AGING POPULATION CALCULATION:

15,795 (65-74 – Total Population)
+ 15,082 (75+ Total Population)
30,877 (Total Potential 65+ Population)
- 5,640 (Total Unduplicated clients already receiving assistance – per AAA Data)
25,237
5,640 Divided by 25,237 = **(approx.) 22% actual market penetration rate for the elderly**

ATTACHMENTS

DISABILITY POPULATION CALCULATION:

22,604 (All Aged Groups with a Disability)
- 5,640 (Total Unduplicated clients already receiving assistance – per AAA Data)
16,964
5,640 Divided by 16,964 = (approx.) **33% actual market penetration rate for the disabled**

TOTAL ADRC POPULATION CALCULATION:

22,604 (All Aged Groups with a Disability)
+ 19,754 (65-74 and 75+ No disability columns)
42,358 (Total population both Aged and Disabled)
- 5,640 (Total Unduplicated clients already receiving assistance – per AAA Data)
36,718
5,640 Divided by 36,718 = (approx.) **15% actual market penetration rate for the ADRC Population**

ATTACHMENT 10:**ADRC I & A In-Home Assessment/Options Counseling Form SAMPLE**

Date: _____ Access Worker: _____ ADRC Worker: _____ Assessor: _____

Consumer	NAME:	Last:	First:	MI:	Home Phone:
	Current Address:				Cell Phone:
	Permanent Address:				Work Phone:
					Best Able to reach?
Living Arrangement:					

Marital Status Single	DOB _____	Age _____	Sex Male	Ethnic Origin Non-Minority	Hispanic/Latino: No
Social Security _____					
How long have you been a resident of the state?		6 mos. or less	more than 6 mos.		
How long have you been a resident of Brown County?		6 mos. or less	6 mos. – 1 yr	1 yr – 5 yrs	more than 5 yrs

Income and Benefits:

Are you currently on Medical Assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, are you on: <input type="checkbox"/> SSI <input type="checkbox"/> KATIE BECKETT <input type="checkbox"/> SSI-Managed Care <input type="checkbox"/> OTHER			
Have you applied for MA or SSI Recently? <input type="checkbox"/> YES <input type="checkbox"/> NO		Vet Benefits? <input type="checkbox"/> Section 8 <input type="checkbox"/> Part D <input type="checkbox"/> Senior Care <input type="checkbox"/>			
What sources of monthly income do you have?					
Employment:		Social Security:		Pension: SSI: Other:	
Divestment: Have you transferred or given away any money or property in the last 5 years months? <input type="checkbox"/> yes <input type="checkbox"/> no Comments:					

Assets:

Asset List	\$ Amount		** Asset List	\$ Amount
Second Car			Bonds	
Home			Annuities	
Cottage / Second Home			IRAs	
Property / Land			Life Insurance (cash value)	
Checking			Trust Fund	
Savings			Funeral Trust	
CDs			*Is the funeral trust irrevocable?	<input type="checkbox"/> yes <input type="checkbox"/> no

Stocks			Other	
--------	--	--	-------	--

Expenses

--

Referral Source:	Name:		Phone #:	Release of Info Needed?
	Address:		Relationship:	
Primary Contact:	Name:		Phone#:	Release of Info Needed?
	Address:		Relationship:	
Other Family Members in the Home:			Relationship:	Release of Info Needed? <input type="checkbox"/>
Name of School Attending:				

Primary Contact and Decision Makers

Primary Contact:	NAME:		HOME PHONE:
	ADDRESS:		CELL PHONE:
			WORK PHONE:
	RELATIONSHIP TO CLIENT:		

GUARDIAN:	GRDN	NAME:		HOME PHONE:
		ADDRESS:		CELL PHONE:
			WORK PHONE:	
	RELATIONSHIP TO CLIENT:			

POWER OF ATTORNEY: <i>POA-Healthcare</i> HEALTH CARE ACTIVATED	NAME:		HOME PHONE:
	ADDRESS:		CELL PHONE:
			WORK PHONE:
	RELATIONSHIP TO CLIENT:		RELEASE OF INFO NEEDED?

POWER OF ATTORNEY: <i>POA-Finance</i> FINANCES ACTIVATED	NAME:		HOME PHONE:
	ADDRESS:		CELL PHONE:
			WORK PHONE:

	RELATIONSHIP TO CLIENT:	RELEASE OF INFO NEEDED?
--	-------------------------	-------------------------

If under 65 years old Do you have a determination of disability through Social Security?

Was the Client Assessed Before?		
If Hospital/Nursing Home Referral: Date of Admission		Projected Date of Discharge:

Physician/Psychiatrist:

Primary:_____

Release of Info Needed?

Specialists:_____

Release of Info Needed?

Other Agencies/Workers /Informal Supports Involved:

Agency	Worker	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	Comments
PHYSICAL STATUS	

Hospitalizations in past year:

Type of Institution/Date	Reason

Medications: (Prescription and over the counter)

Name/Dose	Purpose/Needs/Comments

Are there any medication allergies? _____

Are there any issues with obtaining or administering medications? _____

Are you managing your chronic illness well? _____

If No, are you interested in support doing this? _____Assistive Devices

Assistive devices and corrective measures	Needs/Comments

Nutritional:	** Indicate at risk behavior
---------------------	-------------------------------------

*Does an illness or health condition keep you from eating the kinds and/or amounts of food you would like to eat?	Yes	No
Do you eat at least 2 meals every day?	Yes	No
Do you have 5 or more servings of fruits, vegetables or juice a day?	Yes	No
Do you have 2 or more servings of dairy products a day?	Yes	No
*Do you have 3 or more servings of beer, wine or liquor a day	Yes	No
*Do you have tooth, denture, mouth problems that make it hard to eat?	Yes	No
*Do you ever run out of money for food?	Yes	No
*Do you usually eat alone?	Yes	No
*Do you take 3 or more different prescribed or over the counter medications?	Yes	No
*Have you lost 10 pounds or more in the last 6 months without wanting to?	Yes	No

*Have you gained 10 pounds or more in the last 6 months without wanting to?

Are you able to shop for food and prepare meals for yourself?

Type of Meal:

Home Delivered Meal	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
Congregate Meal Site: _____	<input type="checkbox"/>	<input type="checkbox"/>

Physical and Nutrition Comments: _____

Activities of Daily Living/IADL's						
	Alone	A little difficulty	With Assist.	Great difficulty	Unable	Comments
Gets in/out of bed						
Dresses/undress						
Bathes/shower						
Grooming						
Eating						
Toileting						
Transfers						
Light housekeeping						
Heavy Housekeeping Scrubbing, washing walls						
Prepares meals						
Laundry						
Handles money						
Uses telephone						
Takes medication						
Uses walker/Cane						

Shops for groceries						
Shops for personal items						
Yard work						
Transportation						

Strengths/Weaknesses ADLs'/IADLs: _____

Caregiver Assessment-if present			
Question	Yes	No	Comments
How many hours/week do you spend helping your loved one?			Hours:
Question	Yes	No	Comments
On a scale from 1-10 with 1 being no stress and 10 being extremely stressed, how would you rate your current stress level?			Scale:
Have you been experiencing an increase in illness? Cold, Flu, Intestinal problems?			
Do you receive regular medical checkups?			
Do you regularly spend time on activities you enjoy?			
Have your sleeping habits changed since becoming a caregiver?			
Are you currently employed full time or part time?			
Do you feel anxious or irritable more often?			
Do you have someone to talk to about your feelings?			

Do you have difficulty concentrating and making decisions?			
Are you satisfied with the amount of support from your family?			
Do you feel others understand what you are going through?			

Potential Referrals:

☐ Support Group: Alzheimer's, caregiver, Powerful Tools, Other, Counseling, Employment Assistance, Caregiver Websites, Disease Related organization, Living Well with Chronic Disease, ☐ Add to Mailing Lists

Comments: _____

Employment

Employment		Comments/describe
Current employment status	Retired Not Employed Employed full time Employed Part time	
Type of Employment	Vocational day Activity	
	Sheltered Workshop Paid work in the community Works at home	
Need for Assistance to work	Independent Needs help weekly or less Needs help every day-but not continuous Needs Continuous Presence	

Describe work history/dates and Jobs Held

PHYSICAL ENVIRONMENT FALL-RISK SCREEN

Have you fallen in the past 12 months? ☐ **Yes** ☐ **No**

How many times _____
If they have fallen more than one time, **Refer** for fall-risk evaluation

Are you afraid or concerned about falling? ☐ **Yes** ☐ **No**
Have you restricted your activity because of your fear of falling? ☐ **Yes** ☐ **No**

Additional observations: Please check all that apply

Observation	Yes	No	Comments
Is the person steady and balanced when sitting upright?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person start walking without hesitancy?	<input type="checkbox"/>	<input type="checkbox"/>	
When walking, does each foot clear the floor well?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person take continuous, regular steps without hesitancy?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person walk using a walking aid?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the person able to return to a seated position safely and judge distance correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
Does person show stumbling or staggering in gait?			

Are they wearing appropriate foot ware?	<input type="checkbox"/>	<input type="checkbox"/>	
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Is the physical environment clean and safe? ☐ Yes ☐ No _____

Are there health, safety and welfare issues? ☐ Yes ☐ No _____

ADDITIONAL COMMENTS ON GAIT, ENVIRONMENT, ETC: *Referral to PT/OT, Stepping On, Sure Step, AT Kit, Loan Equipment*

COGNITIVE FUNCTIONING/AFFECT

Does the client appear alert and orientated x3? ☐ Yes ☐ No

Does the client have a diagnosis of dementia? ☐ Yes ☐ No

If appropriate continue:

Memory

	Intact	Impaired	Judgment	Intact	Impaired	Impulsivity
Remote						
Recent past						
Immediate recall and retention						

Animal Fluency: Ask the patient to name all the animals they can think of. Record the responses, noting repeated names and responses that are not animals. Stop after 60 seconds, total the number of animals named. If patient is unable to name twelve or more animals within 60 seconds, the probability of significant cognitive impairment approaches 100% and further evaluation is strongly recommended (taken from Dr. Janelle Cooper, The memory Center)

Cognitive Functioning Comments/Concerns:

EMOTIONAL/BEHAVIORAL FUNCTIONING

Notice also the person's affect. How do they seem to be? **Are their expressions consistent with their words?**

Depression scale. Check those difficulties client reports experiencing:

- | | |
|--|---|
| <input type="checkbox"/> Feeling lonely | <input type="checkbox"/> Fear of medical problems |
| <input type="checkbox"/> Appetite change | <input type="checkbox"/> Depressed/sad most of time |
| <input type="checkbox"/> Sleeping problems | <input type="checkbox"/> Feelings of hopelessness, helplessness |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Trouble getting along with |
| significant Worried, anxious | people in client's life |
| <input type="checkbox"/> Irritable, easily upset | <input type="checkbox"/> Feeling that life isn't worth living |
| <input type="checkbox"/> Feelings of guilt | <input type="checkbox"/> Loss of interest in things |
| <input type="checkbox"/> Major changes/losses in recent past | |

Comments:_____

SOCIAL PARTICIPATION:

Client's level of satisfaction with their level of socialization?

- ☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

Assessor's perception:

- ☐ 1 There are frequent (at least daily) contacts with family and/or friends and participation in enjoyable activities. It is also possible that there are infrequent social contacts but that the individual is satisfied with his/her social involvements.
- ☐ 2 The person has average social contacts. There are regularly frequent visits with family and/or friends (though not daily) or regular frequent participation in enjoyable activities with others.
- ☐ 3 The person has limited social participation with irregular or infrequent contact with family or friends. There may be some involvement in group activities.
- ☐ 4 The person is somewhat isolated and has only irregular and infrequent contact with family and/or friends.
- ☐ 5 The person is extremely isolated. There are practically no contacts with family or friends, and activities, if any, are solitary.

Comments on Socialization:

Clinical Summary in the computer

Include brief summary of the visit and action plan for services deliver. Address the risk assessment and Service delivery in 3 categories: Medical, psych-social, and nutritional

Current Need

Please Describe your Current Situation and Needs:	
What Services Are you Requesting?	

Program Referral: SSI-E	<input type="checkbox"/>	Pre-Screen	<input type="checkbox"/>	Positive Parenting	<input type="checkbox"/>	Transition	<input type="checkbox"/>	CCS	<input type="checkbox"/>	Adult Waiver	<input type="checkbox"/>	Nursing Home Relocation	<input type="checkbox"/>
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Risk Assessment

1. Is there an Alzheimer's or other dementia present? Yes No

2. Have there been many hospitalizations in the past year?	Yes	No
3. Is there a lack of financial resources?	Yes	No
4. Is there little informal support available?	Yes	No
5. Are there complex medical or emotional dx of concern?	Yes	No
6. Is the client at great risk of falls?	Yes	No
7. Is the client on the COP waiting list?	Yes	No
8. Has Adult Protective Services been involved in the past?	Yes	No
9. Are there presently issues of self-neglect/abuse?	Yes	No
9. Is there a high level of Caregiver Stress?	Yes	No
10. Are there significant AODA issues?	Yes	No
11. Have there been episodes of challenging behaviors toward self or others?	Yes	No

4 or more “yes” marks above indicate potential risk. Follow up with client or collaterals.

Is the consumer willing to accept help with services? ☐ ☐ Yes No

Is this consumer at risk? ☐ ☐ Yes No

Action Plan

Next Step	Action	Who	When
1.			
2.			
3.			
4.			

HSRS: Completed by HSD Staff

8 Client Characteristics			9 Level of Care		11 Living Arrangement		
					Prior	Current	People

12 Natural Support Source	13 Type of Movement/Prior Location (Check One) N= Relocated from general nursing home F= Relocated from ICF/MR facility D= Diverted from entering any type of institution B= Relocated from BI rehab unit	14 Special Project Status	15 County of Fiscal Responsibility	16 Court-ordered Placement (CIP I & BIW Only) YES NO	17 Financial Eligibility Type (Check One) A= Categorically Eligible B= Categorically Financially Eligible - Special Income Limit C= Medically Needy	18 Eligibility Indicator (Check One) A= MA Eligible B= MA Non-eligible. C= MA Eligible But Exempt
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19 Episode End Date			20 Closing Reason	24 SPC/Subprogram		25 Target Group	26 LTS Code	28 SPC Start Date	Worker ID

ATTACHMENT 11:

Aging and Disability Resource Center I & A Caller Assessment

SAMPLE

First Contact

Evaluation of Identity, Intent Needs and Services:

You will need to rearrange the order that you ask questions based on the openness of the caller and the initial information you collect. Be sure to set a welcoming tone and openness to listen. Your main job is not to collect data from them but establish rapport and allow the caller to tell their personal story. Follow their flow of conversation and help them problem solve the issues. Early on, establish if a phone conversation is the best approach or if a home visit would assist the caller/customer more.

Assessment and Options Counseling:

The ADRC is charged with assessing the needs of callers, presenting information over the phone, in office or in home. The assessment conducted is the foundation for I & A staff's work. Their job is to support decision making by exploring options, choices, pros and cons, and costs that delay the need for expensive long term care.

Your documentation should reflect a comprehensive assessment of the consumer/callers situation and should be descriptive enough that team members would be able to read a summary of the issues, needs, options, and actions that are going to be taken. Your notes should reflect why you did not ask all of the questions needed to get a full picture of the individual situation. For example, the consumer expressed they are uncomfortable with questioning, the consumer was unable/unwilling due to cognitive deficits answer all the questions etc.

This document intent is not to guide the I & A worker with computer data entry but to be a checklist to guide the worker through a comprehensive conversation related to the contact.

Identity

Identity of Caller

1. Name, Address, Phone Number
2. Relationship to older adult/person with a disability-Family, Friend, Neighbor, Professional
3. Contact by Phone, walk in, letter, office appointment
4. How did they hear about our agency?

Identity of Consumer:

1. Name, Address, Phone Number
2. Date of Birth
3. Physician
4. Contact people
5. Gender
6. Marital Status
7. Ethnic background
8. Current Living Arrangement
9. Age Group
10. Disability Types: Can be more than one

Intent

Intent of Caller:

1. Why are they calling today? What do they see the problem to be? What needs do they identify as primary?
2. What would the caller like to see happen as a result of their contact with the I& A unit today?

Intent of Consumer:

1. Do they know that the call is being made today?
2. Are they calling themselves?
3. Who do they feel comfortable asking for help?
4. Do they feel threatened by other agency involvement?
5. Can the I & A staff call them directly?
6. What are their preferences? What are their goals short term and long term?

Needs/Preferences

Needs of Consumer and Caller

It is often helpful to let the caller, if an older person/person with a disability, tell the I & A Staff about a typical day. Listen for the areas listed below and prompt them to talk about these areas as supportively as possible.

Review Primary Needs (and level of support required) of consumer as appropriate:

- a. Physical problems and strengths
- b. Medications
- c. Activities of daily living(ADL's/IADL's)-bathing, dressing, toileting, housekeeping, meal prep,

- lawn care, transportation
- d. Cognitive status
- e. Emotional Status-hx of depression or mental health concerns
- f. Home environment-stairs, home conditions, adaptive aides in place or needs
- g. Support network-family, friends, neighbors, church, existing agencies
- h. Financial Status-on benefit programs? MA, SSI, SSDI, Ability to meet basic needs with financial situation

Services: Options Counseling

Be sure to reassure the caller you will send or deliver written information to support your discussion today-they will be able to see the information again in writing. Be sure to offer to call them back as a follow up to your conversation and they can call the ADRC back at any time with more questions. Try not to overwhelm the caller with too many choices-you can always call them back.

Service Identification

1. Begin with the least costly and most acceptable types of services i.e. home delivered meals, lifeline, friendly visitor
2. Try to describe services in the form of an action plan-for example, "first, you may want to try this service as its simple to set up and inexpensive, next, you will want to call Human Services for a full assessment et...be sure to explain what they might expect as they contact agencies or apply for benefits.

3. Group services by options along the continuum of care i.e.: Services that come into the home, intermediate level of care in assisted living or apartment living, skilled level of care services- nursing homes.
4. Assist with decision support. Help the consumer weigh the pros and cons of choosing certain services, their cost, and how that might affect their short and long term goals. For example, choosing assisted living at a certain cost is much more expensive than bringing in meals and a housekeeper.

Action Plan

1. Describe the plan for the next steps;
2. Who is going to do what and by when;
3. Communicate this clearly to the consumer and/or their family;
4. Document this in the notes clearly identified as the action plan
5. If doing an assessment in the home, leave action plan steps with the consumer in writing if possible.



Next Steps: What to Expect

Action Steps for Mary Poppins

Next Step	Action	Who	When
1.	Call Golden Friendship Center and ask	Burt	Friday 3/18
	about home delivered meals		
	402-463-4439		
2.	Call Jinx Hackler at Hastings Respite	Burt	Next week
	to discuss someone coming in to give Burt		
	sometime to himself		
	402-463-1234		
3.	Call Mary Lanning HealthCare to find	Options Counselor	Thursday 3/17
	out when Alzheimer's Support Group		
	meets and let Burt know.		
4.	Follow-up phone call from Options	Burt and Counselor	Friday 3/25/16 at 2:00 pm
	Counselor		